

O I P E
DOCKET NO.: P05810
CLIENT NO.: NATI15-05810
Customer No.: 23990

PATENT

SEP 22 2006
PATENT & TRADEMARK OFFICE
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of : RICHARD W. FOOTE
U.S. Serial No. : 10/781,166
Filed : February 18, 2004
For : SYSTEM AND METHOD FOR PROVIDING A UNIFORM OXIDE LAYER OVER A LASER TRIMMED FUSE WITH A DIFFERENTIAL WET ETCH STOP TECHNIQUE
Group No. : 2813
Examiner : Tuan H. Nguyen

MAIL STOP RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

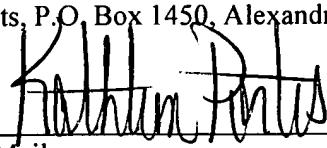
The undersigned hereby certifies that the following documents:

1. Request for Continued Examination (RCE) Transmittal;
2. Amendment Transmittal Letter (in duplicate);
3. Amendment and Response to Office Action;
4. Check in the amount of \$840.00 for the RCE filing fee (\$790.00) and one additional dependent claim (\$50.00); and
5. Postcard receipt

relating to the above application, were deposited as "First Class Mail" with the United States Postal Service, addressed to, MAIL STOP RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 19, 2006.

Date: September 19, 2006

Date: Sept 19, 2006



Mailer



William A. Munck
Reg. No. 39,308

P.O. Drawer 800889
Dallas, Texas 75380
Phone: (972) 628-3600
Fax: (972) 628-3616
E-mail: wmunck@munckbutrus.com

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PATENT

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Group No. : 2813
Examiner : Tuan H. Nguyen

MAIL STOP RCE
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an Amendment and Response to Office Action in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED					LARGE ENTITY	
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NUMBER OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	26	-	25	1	X 50.00 =	\$50.00
IND. CLAIMS	3	-	4	-0-	X 200.00 =	\$ -0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$50.00	

DOCKET NO. P05717 (NATI15-05717)
SERIAL NUMBER: 10/698,007
PATENT

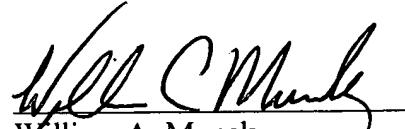
- A check in the amount of \$840.00 is attached for the RCE filing fee (\$790.00) and one additional dependent claim fee (\$50.00).
- A check in the amount of \$_____ for a _____-month extension of time is attached.
- Please charge any additional fees or credit any overpayment to the Munck Butrus Deposit Account No. 50-0208.

A DUPLICATE COPY OF THIS SHEET IS ENCLOSED.

Respectfully submitted,

MUNCK BUTRUS, P.C.

Date: Sept. 19, 2006


William A. Munck
Registration No. 39,308

P.O. Drawer 800889
Dallas, Texas 75380
Phone: (972) 628-3600
Fax: (972) 628-3616
Email: wmunck@munckbutrus.com